

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT

ERIC ANDREW PEREZ,  
Plaintiff,

Civil Action No. **17CV6367**  
Hon. \_\_\_\_\_

-V-

Lennox Hill Radiology, Complete Neurologic Care,  
Fidelis Health Care, Unknown Agents & Confidential Informants,

Defendants.

RECEIVED  
SDNY PRO SE OFFICE  
2017 AUG 21 AM 9:10  
S.D. OF N.Y.

**COMPLAINT WITH JURY DEMAND**

**BACKGROUND**

The plaintiff brings this civil action after discovering that the MRI taken at Lennox Hill Radiology on 22 July, 2017 was not of his brain or cervical spine, but was illegally passed off as his MRI as part of an ongoing criminal conspiracy against the plaintiff. This complaint involves the deliberate obstruction of justice, tampering with evidence, conspiracy, treason, and sedition against the United States of America.

**PARTIES**

1. Plaintiff, Eric Andrew Perez, is and was at all relevant hereto, a naturalized born citizen of the United States of America and an Honorably Discharged Marine residing in Richmond County, NY.
2. Defendant, Complete Neurologic Care, at all times relevant hereto, is the Radiological clinic pertaining tp this case.
3. Defendant, Complete Neurologic Care, at all times relevant hereto, are the physicians advising the plaintiff.
4. Defendant, Fidelis Health Care, at all times relevant hereto, is the health care provider of the plaintiff.
5. Defendant, Unknown Agents & Confidential Informants, at all times relevant hereto, are the orchestrators and engineers of this criminal conspiracy against the plaintiff.

**JURISDICTION & VENUE**

6. This Court has jurisdiction over this action under 28 U.S.C. Sections 1331 and 1343(3) and (4). The matters in controversy arise under 42 U.S.C. Section 1983. 2. Venue properly lies in this District pursuant to 28 U.S.C. Section 1391(b)(2), because the events giving rise to this cause of action occurred within New York which lies within the Southern District of New York.
7. This civil action is also authorized by 42 U.S.C. Section 1983. *Bivens v. Six Unknown Agents*, FTCA 28 U.S.C. § 1346(b),
8. 18 U.S. Code § 1924 - Unauthorized removal and retention of classified documents or material
9. H.R.2985 - Confidential Informant Accountability Act of 2015
10. The Court has the jurisdiction to hear this case and this case is filed in federal court pursuant to Title 18 Section 241 for Conspiracy Against Rights by the named defendant against the named plaintiff in this case.
11. Provocateurs, patsies, informants and all other conspirators who conspired with Federal, State, and Local Law Enforcement.
12. Subversive Activities Act of 1950
13. RICO Act, 18 U.S.C.A. § 1964
14. Title VI of the Civil Rights Act of 1964,
15. Executive Order 12250, 13160, 13166
16. Privacy Act
17. 18 USC § 1505,
18. 18 USC § 241,
19. 18 USC § 1503,
20. 18 USC § 1510,
21. 18 USC § 1512,
22. 18 USC § 1513,
23. 18 USC § 1035,
24. 18 USC § 1518,
25. 18 USC § 1031,
26. 18 USC § 371,
27. 18 USC § 1001,
28. 10 USC § 1089,
29. 31 USC § 3729,

30. 42 USC § 18001,

31. 42 USC § 1320d-6

**STATEMENT OF CASE**

32. The plaintiff visited the New York Presbyterian Emergency Room 170 William St, New York, NY 10038 on 3rd July, 2017 after suffering a debilitating migraine headache.

33. Plaintiff received care from Dr. Tom Naparest division of Emergency Medicine New York Presbyterian Lower Manhattan Hospital, please see exhibit 1.

34. Plaintiff was administered an injection of migraine medication.

35. Plaintiff was discharged, and sent home with instructions to follow up with the patient navigator for follow up care.

36. The plaintiff was referred to Complete Neurological Care 20 Broadway, Suite 705 New York, NY 10007 for follow up care.

37. Plaintiff's first visit to Complete Neurological Care was on 12 July 2017, exhibit 2.

38. Plaintiff spoke to two foreign sounding doctors who identified themselves as neurologists.

39. Plaintiff received a battery of tests and was given another appointment of 26 July, 2017 @ 4 pm.

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40. Plaintiff was referred to Lennox Hill Radiology for an MRI of his head and cervical spine 19 July 2017, exhibit 3.

41. Plaintiff received a call on July 20th, 2017 from someone identifying themselves as an employee of Lennox Hill Radiology and scheduled the plaintiff for the MRI on Saturday 22 July, 2017 @ 12:30 @ 240 Madison Avenue 10016.

42. Plaintiff arrived at Lennox Hill Radiology at 11:30 am, and was greeted by an African American woman at the reception desk.

43. Plaintiff was instructed to go to the back where he would be administered the MRI.

44. Plaintiff received the MRI of his head and cervical spine.

45. The X-Ray technician was acting strangely and dressed in strange attire (wearing a shirt with sail boats printed on it).

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46. The plaintiff was provided a disc of the MRI and told that the images contained on the disc were of the MRI of the plaintiff's head and cervical spine exhibit 4, and paperwork with instructions on how to

view the MRI results online, exhibit 5.

47. Plaintiff's next appointment with Complete Neurological Care 26 July, 2017 @ 10:30 am.

48. Plaintiff, spoke with Marina Fay who stated that the MRI of the brain was normal.

49. Marina was not given access to the MRI or looking at the computer screen when she made that statement.

50. Dr. Marina stated that she wanted to schedule further tests on the plaintiff (MRA).

51. Plaintiff was scheduled for another appointment at Complete Neurological Care on 4 August, 2017 @ 4:00pm.

52. Plaintiff has declined to receive any further medical care from Dr. Fey.

#### **MRI ANALYSIS**

52. The disc of the MRI that he received on 22 July, 2017 are not images of his brain or cervical spine.

53. Plaintiff is being denied access to the images of his MRI, exhibit 6 error message from Lennox Hill Radiology denying access to the MRI images.

54. Plaintiff examined the disc of images that he was provided on 22 July, 2017, and has determined that these images could not be his.

55. The person in the MRI images is not missing any teeth, the plaintiff is missing 1 tooth on the right side of his mouth and 2 teeth on the left side of his mouth.

56. The images on the disc, exhibit 6, contains those of a subject with a pointed nose, and slanted forehead with 0 teeth missing in his mouth.

57. The plaintiff has a round forehead and round nose.

#### **CONSPIRACY & OBSTRUCTION OF JUSTICE**

58. Plaintiff's civil rights action 17-1518 in the US Court of Appeals for the second Circuit is being directly interfered with by this interference and farce.

59. Plaintiff has notified the Attorney General Southern District of this interference and obstruction by filing a civilian criminal complaint and delivering it in person 27 August, 2017 @ 11:30 to US Attorney

General Southern District. On St Andrew's Plaza New York, NY 10007.

60. Plaintiff has not received any response from the AG.

61. Plaintiff's obstruction and substitution of MRI images is due to the fact that the conspirators whom are tracking his civil rights cases and every move are attempting to discredit the plaintiff's claims in his lawsuit.

62. The conspirators are attempting to engineer and control the outcome of the lawsuit and control the evidence without informing or acknowledging the plaintiff of said evidence MRI images.

63. Conspirators are controlling the evidence in order to have blackmail on the each other while totally ignoring and attempting to discredit the plaintiff's claims.

64. Several foreign services ie. Communist, French, English, Muslim, and other groups are involved in this conspiracy and are using the plaintiff as blackmail and at the center of an ever evolving conspiracy without acknowledging their is a conspiracy.

65. The effort and preparation that it would have taken to prepare a disc with another subject's MRI is irrefutable evidence that there is a nefarious plot against the plaintiff.

66. There are well over a dozen persons known and unknown to the plaintiff assistig the orchestrators of this plot against the plaintiff.

67. Due to the felonious nature of the charges involved these conspirators many of whom are under the color of law are attempting to ignore and program indifference towards the plaintiff so they can keep receiving rewards such as pay, promotions, women, employment, and money gor their participation in this conspiracy.

68. Plaintiff has attempted to several corrective actions from Lenox Hill Radiology such as obtaining the X-Ray technician's name and calling the IT help Desk.

69. Lenox Hill Radiology has not been cooperative and has blocked me from obtaining the name of the X-Ray Technician.

70. The nature of these actions supports the plaintiff's claims.

71. The substitution of MRI images is one crime in a long series of crimes that these conspirators have perpetrated and gotten away with.

72. The lack of response from the AG is further evidence of the conspiracy against the plaintiff and proves the collusion and corruption of not only the Courts but of the Federal Agencies and law enforcement in general.

**RELIEF REQUESTED**

A. Declaratory Relief:

1. Have the Attorney General's Office Southern District issue a statement with the reasons and explanation for why they have not responded to the plaintiff.
2. Have Lenox Hill Radiology issue a statement admitting their wrongdoing.

B. Corrective Actions:

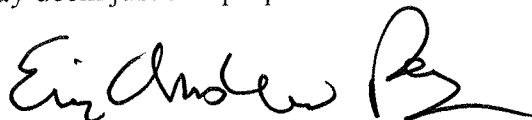
1. Order a full investigation into the Plaintiff's Civilian Criminal Complaint.
2. Order Lenox Hill to take another MRI at no charge.
3. Order Lenox Hill to allow the plaintiff access to his MRI.
4. Order Fidelis Health Care to audit the billing from all the health care providers involved in the plaintiff's health care and correct any discrepancies.

C. Award Compensatory damages in the following amounts:

1. \$250,000 dollars from Lenox Hill Radiology.
2. \$100,000 dollars from Complete Neurology.
3. \$50,000 from the unknown agents.

**WHEREFORE**, Eric Andrew Perez prays for judgment in his favor and damages in his favor against all defendants in an amount sufficient to compensate him for the pain and mental anguish suffered by him due to the deliberate indifference and intentional actions of the defendants, but in not less than 150,000 together with attorneys' fees, mail & postage, and other costs the plaintiff has incurred, and such additional relief as the Court may deem just and proper.

Respectfully Submitted,



Eric Andrew Perez  
PO BOX 40965  
Staten Island, NY 10304  
347-820-2541

# EXHIBITS 1

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**NewYork-Presbyterian**  
**Lower Manhattan Hospital**  
170 William Street, New York, NY 10038

Lower Manhattan Hospital  
Inpatient  
212-312-5000

## EXITCARE® PATIENT INFORMATION

Patient Name: ERIC PEREZAttending Caregiver: Naparst, Thomas

## Migraine Headache

A migraine headache is very bad, throbbing pain on one or both sides of your head. Talk to your doctor about what things may bring on (*trigger*) your migraine headaches.

### HOME CARE

- Only take medicines as told by your doctor.
- Lie down in a dark, quiet room when you have a migraine.
- Keep a journal to find out if certain things bring on migraine headaches. For example, write down:
  - What you eat and drink.
  - How much sleep you get.
  - Any change to your diet or medicines.
- Lessen how much alcohol you drink.
- Quit smoking if you smoke.
- Get enough sleep.
- Lessen any stress in your life.
- Keep lights dim if bright lights bother you or make your migraines worse.



### GET HELP RIGHT AWAY IF:

- Your migraine becomes really bad.
- You have a fever.
- You have a stiff neck.
- You have trouble seeing.
- Your muscles are weak, or you lose muscle control.
- You lose your balance or have trouble walking.
- You feel like you will pass out (*faint*), or you pass out.
- You have really bad symptoms that are different than your first symptoms.

### MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 9/26/2009 Document Revised: 3/11/2013 Document Reviewed: 8/25/2014  
ExitCare® Patient Information ©2015 ExitCare, LLC. This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

*This information is brief and general. It should not be the only source of your information on this health care topic. It is not to be used or relied on for diagnosis or treatment. It does not take the place of instructions from your doctor. Talk to your health care providers before making a health care decision. <http://nyp.org/>*



NewYork-Presbyterian

The University Hospitals of Columbia and Cornell

**ED PATIENT DISCHARGE INSTRUCTIONS**

**LMH Adult Emergency Department**

**Patient Name:** PEREZ, ERIC

**MRN:** 294 35 11

**Date of Birth:** 27-Jun-1976

**Visit Number:** 000418750 906

**Visit Date and Time:** 07/03/2017 13:43

**ED Attending MD:** Naparst, Thomas

**Discharge Date and Time:** 07/03/2017 15:49

**Discharge Instructions Given:**

Migraine Headache, Easy-to-Read - 07/03/2017

**Follow-Up Instructions:**

**Special Instructions**

THE PATIENT NAVIGATOR WILL CALL YOU TO GET YOU INTO NEUROLOGY FOR  
MORE TREATMENT AND EVALUATION  
TAKE MOTRIN 600 MG EVERY 6 HOURS IF YOU HAVE PAIN

**Return to Emergency Department for persistent, worsening, or new symptoms**

**Radiology:**

No major radiology tests were performed in this visit

**Procedures:**

No major procedures were performed in this visit

**Patient Signature:**

**I Have fully understood what was explained to me:**

X

\_\_\_\_\_  
Patient or Guardian Signature

PEREZ, ERIC

Signature acknowledges that Patient and/or Guardian has received this instructions and understands them. Patient and/or Guardian also understands that he/she should follow up with his/her primary care physician once discharged.

**NewYork-Presbyterian**

The University Hospitals of Columbia and Cornell

**ED PATIENT DISCHARGE INSTRUCTIONS**

**Patient Name:** PEREZ, ERIC

**MRN:** 294 35 11

**Date of Birth:** 27-Jun-1976

**Visit Number:** 000418750 906

**Visit Date and Time:** 07/03/2017 13:43

**ED Attending MD:** Naparst, Thomas

**Discharge Date and Time:** 07/03/2017 15:49

**Discharge Instructions**

**• TO PATIENT:**

THIS EXAMINATION AND TREATMENT WHICH YOU HAVE RECEIVED HAS BEEN ON AN EMERGENCY BASIS ONLY AND HAS NOT BEEN INTENDED TO BE A SUBSTITUTE OR REPLACEMENT FOR COMPLETE MEDICAL CARE. FOR YOUR PROTECTION AND TO PREVENT POSSIBLE COMPLICATIONS, IT IS SUGGESTED YOU FOLLOW THE RECOMMENDATIONS CHECKED BELOW.

**X-RAYS**

The interpretation of your X-rays and other radiological test at the time of your visit to the Emergency Department is a preliminary report. Radiological tests are reviewed before a final report is issued. You will be notified if there is a change in diagnosis. If your symptoms persist or worsen you should return to the Emergency Department. Additional studies may be necessary as some abnormalities become apparent at a later time.

Call 212-746-0595 Monday - Friday 10 to 6 for test results.

# EXHIBITS 2

# COMPLETE NEUROLOGIC & SPINE CARE

## GREATER NEW YORK NEUROLOGY

ELLEN FIDYAK, M.D.

LEONARD W. FIDYAK, M.D.

KIRSHAN PATIL, M.D.

MAHA HIRI, M.D.

ELIZABETH W. FIDYAK, M.D.

BETH SILVERSTEIN, M.D.

**REGISTRATION FORMS****PLEASE PRINT CLEARLY**

Date: 7-12-17 Status: ☒ Single ☐ Married ☐ Widowed ☐ Divorced

Last Name: Perez First Name: Eric A

Address: PO Box 40965 Apt. \_\_\_\_\_

City: Staten Island State: NY Zip Code: 10304

SSN: 066745012 Date of Birth: 6-27-76

Home #: \_\_\_\_\_ Cell: 347-820-2541

Work #: \_\_\_\_\_ Gender: ☐ Male ☒ Female

Email: employment.perez.eric@gmail.com Occupation: Personal Trainer

EMERGENCY CONTACT: (PHONE, NAME, RELATION) Will Perez 813.541.8943

HOW DID YOU HEAR ABOUT US? NY Presbyterian

Primary Insurance: Fidelis Insurance ID#: 743257412-00

Pharmacy Name: None Phone #: \_\_\_\_\_

Pharmacy Address: None

**HUMAN RIGHTS INFORMATION**

I also hereby consent to the disclosure of my health information for the following purposes:

To provide diagnosis and treatment clinically to my primary care physician for coordination of care.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Doctor's First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

I don't consent to release of any information, tests or neurological procedures to anyone without express written consent. I don't have a primary doctor. I am not consenting to release of any info.

Eric Andrew Perez, Eric Andrew Perez

# COMPLETE NEUROLOGIC & SPINE CARE

## GREATER NEW YORK NEUROLOGY

228 HUDSON AVENUE, SUITE 705

214 MEDISON AVENUE, SUITE 800

### AUTHORIZATION

Authorization for Release of Medical Information: I hereby authorize Greater New York Neurology to release any medical or financial information that may be necessary for medical care or to process insurance claims.

Signature:

Eric Andrew Ray

Payment Policy: I understand that I am responsible for payment of all services rendered. I understand that I am responsible for any amounts due to my insurance company, including co-payment, deductible, co-insurance, or other amounts imposed by my insurance. I understand that my insurance company may require assignment and only the managed care plan, which is assigned to me, will be billed with my insurance carrier. If you plan to pay by check and to cashed/endorsed a check, I understand that I will be responsible for payment.

Signature:

Eric Andrew Ray

### MEDICARE PATIENTS ONLY

I authorize the treating physician of Greater New York Neurology to release any medical or financial information to the Social Security Administration and Health Care Financing Administration for the purpose of processing my Medicare claim. I understand that my Medicare claim may be denied if I do not authorize this release of information. I understand that my Medicare claim may be denied if I do not authorize this release of information. I understand that my Medicare claim may be denied if I do not authorize this release of information.

Signature:

Eric Andrew Ray

### MOTOR VEHICLE

I am certified that this is not related to a motor vehicle accident or a work related accident.

Signature:

Eric Andrew Ray

### PERMISSION FOR EXAMINATION

I, Eric Perez

hereby authorize Greater New York Neurology or its representatives, to provide medical services, such as to conduct routine examinations, to perform diagnostic testing, to administer injections, and provide treatments. Which may also include all pharmaceutical products (medication) as provided by my child's primary care physician. This authorization may be deemed necessary now and on subsequent visits.

visit:

Signature:

Eric Andrew Ray

Relation to child, if applicable:



## ELECTRONIC COMMUNICATION CONSENT

112-47 Queens Blvd., Suite 205  
Forest Hills, NY 11375  
(718) 339-1400

225 Broadway, Suite 705  
New York, NY 10007  
(212) 465-1752

10 North Central Ave., Suite 2  
Yonkers, NY 10590  
(914) 966-8888

274 Madison Ave., Suite 205  
New York, NY 10017  
(212) 467-2202

The following summarizes the information you need to determine whether you wish to receive the information you requested via electronic communication transmitted from my medical office:

### General Considerations

- Email communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- The email(s) we send you follows all HIPAA rules and requirements and transmits from our office in a secure manner. However, those receiving email through unsecured email services, as well as other similar email services, are subject to possible email interception by unauthorized individuals.
- Text(sms) are only sent to remind patients of appointments.
- Copies of emails sent and received from and to you could be incorporated into your medical record.
- Email messages should not be used for emergencies or time sensitive situations. In the event of a medical emergency, you should immediately call 911. For emergent of time sensitive situations, you should contact the doctor by the phone number listed above.
- Despite reasonable efforts to protect the privacy and security of electronic communication, it is not possible to completely secure the information.

I have read and understood the above description of the risks and responsibilities associated with electronic communication with my physician.

I acknowledge that commonly used email services are not secure and do not meet the security requirements set forth by the Health Insurance Portability and Accountability Act for the transmission of protected health information (HIPAA).

In consideration of my desire to use electronic communication as an adjunct to in-person office visits with my physician staff, I hereby consent to use electronic communication as an adjunct to in-person office visits with my physician staff, and I hereby consent to electronic communication via non-secure email services.

I understand that I may revoke my consent to communicate electronically at any time by notifying Complete Neurological Care in writing at the addresses above, but if I do, the revocation will not have an effect on actions my provider or team has already taken in reliance on my consent.

I agree and release my provider and practice from any and all liability that may occur due to electronic communication over a non-secure network.

I further agree to be held accountable and to comply with the patient responsibilities as outlined in this consent.

By initialing the following, I acknowledge I have read and understood this notice and:

I authorize electronic communications between myself and Complete Neurological Care Doctors/staff with regards to my child/children.

Patients Mobile number: \_\_\_\_\_

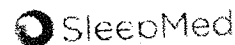
Authorized email address (print very clearly): \_\_\_\_\_

Patients name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*I do not wish to receive electronic communications with this office* *Eric Andrew Perer*  
*Eric Andrew Perer*



## SLEEPMED ARES Questionnaire ©

PRINT IN CAPITAL LETTERS - STAY WITHIN THE BOX All Fields Required-unless otherwise specified

Last Name **Perez** First Name **Eric** Middle Initial **A** Gender ☒ Male ☐ Female  
 Date of Birth Month **06** Day **27** Year **1976** Pounds **180** Height Feet **5** Inches **10** Neck Size **10**  
 I.D. Number (optional)

Tally ARES  
Risk Points

COMPLETELY FILL IN ONE SQUARE FOR EACH QUESTION - ANSWER ALL QUESTIONS

Have you been diagnosed or treated for any of the following conditions?

High blood pressure	Yes	No	<input checked="" type="checkbox"/>	Stroke	Yes	No	<input checked="" type="checkbox"/>
Heart disease	Yes	No	<input checked="" type="checkbox"/>	Depression	Yes	No	<input checked="" type="checkbox"/>
Diabetes	Yes	No	<input checked="" type="checkbox"/>	Sleep Apnea	Yes	No	<input checked="" type="checkbox"/>
Lung disease	Yes	No	<input checked="" type="checkbox"/>	Nasal oxygen use	Yes	No	<input checked="" type="checkbox"/>
Insomnia	Yes	No	<input checked="" type="checkbox"/>	Restless legs syndrome	Yes	No	<input checked="" type="checkbox"/>
Narcolepsy	Yes	No	<input checked="" type="checkbox"/>	Morning Headaches	Yes	No	<input checked="" type="checkbox"/>
Sleep Medication	Yes	No	<input checked="" type="checkbox"/>	Pain Medication e.g. vicodin, oxycontin	Yes	No	<input checked="" type="checkbox"/>

Co-morbidities  
+1 for each Yes  
response

Score

Do not assign  
any points for  
these eight  
responses

**Epworth Sleepiness Scale:** How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? This refers to your usual way of life in recent times. Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to mark the most appropriate box for each situation. (M.W. Johns, 1994)

0 = would never doze 1 = slight chance of dozing  
2 = moderate chance of dozing 3 = high chance of dozing

Sitting and reading

Watching TV

Sitting, inactive, in a public place (theater, meeting, etc)

As a passenger in a car for an hour without a break

Lying down to rest in the afternoon when circumstances permit

Sitting and talking to someone

Sitting quietly after lunch without alcohol

In a car, while stopped for a few minutes in traffic

0 1 2 3

☒ ☒ ☒ ☒  
☒ ☒ ☒ ☒  
☒ ☒ ☒ ☒  
☒ ☒ ☒ ☒  
☒ ☒ ☒ ☒  
☒ ☒ ☒ ☒  
☒ ☒ ☒ ☒

Epworth Score  
Total of the  
values for each  
situation

Score

Assign points for  
each of the first  
three responses

**Frequency** (Check one for each question): Never +0, Rarely +1 times/wk, Sometimes +2 times/wk, Frequently +3 times/wk, Almost Always +4 times/wk.

On average in the past month, how often have you snored or been told that you snored?

Never +0 Rarely +1 ☒ Sometimes +2 Frequently +3 Almost always +4

Do you wake up choking or gasping?

Never +0 ☒ Rarely +1 Sometimes +2 Frequently +3 Almost always +4

Have you been told that you stop breathing in your sleep or wake up choking or gasping?

Never +0 ☒ Rarely +1 Sometimes +2 Frequently +3 Almost always +4

Do you have problems keeping your legs still at night or need to move them to feel comfortable?

Never ☒ Rarely Sometimes Frequently Almost always

I have personally completed this questionnaire  
Signature **Eric Angler Perez**

Date

Phone Number

**2-11-17 347-820-2541**

**Epworth Sleepiness Scale:**  
if points total = 3 or lower (no risk)  
4 or 5 (low risk), 6 to 10  
(high) and 11 or more (very high risk)

Point Total

SM - 0073 Rev.03



# AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

(This form has been approved by the New York State Department of Health)



Patient's Name: **Eric Perez** Date of Birth: **6-27-76** Medical Record Number: \_\_\_\_\_  
 Patient's Address: **Box 409 65 SJ, NY 10304**

- I, the undersigned, authorize the release of health information regarding me and my family as set forth on this form in accordance with New York State Law and the Federal Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I understand that:
1. This authorization may include disclosure of information relating to ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT, except psychotherapy notes, and CONFIDENTIAL HIV-RELATED INFORMATION only if I place my initials in the appropriate line in Item 7(a) of the back of this form. I specifically authorize release of such information only if I have not indicated in Item 8.
  2. If I am authorizing the release of HIV-related information, I understand that the recipient is prohibited from re-disclosing such information without my authorization. I understand that I have the right to request a list of people who may receive such information and to request that such information be disclosed only to those individuals.
  3. I understand that the release of such information is not a condition of my enrollment in or receipt of services from the New York State Department of Health or any of its agencies. I understand that the release of such information is not a condition of my enrollment in or receipt of services from any other agency. I understand that the release of such information is not a condition of my enrollment in or receipt of services from any other agency.
  4. I have the right to revoke this authorization at any time by notifying the agency or agencies to which I have authorized the release of my health information in writing. I understand that signing this authorization does not constitute an irrevocable and exclusive authorization of the release of my health information.
  5. Information disclosed under this authorization may be used for purposes other than those for which it was originally disclosed. I understand that the release of such information may no longer be protected by the privacy provisions of HIPAA.
  6. THIS AUTHORIZATION DOES NOT AUTHORIZE THE RELEASE OF ANY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE AGENCY OR AGENCIES SPECIFIED IN ITEM 7(b).

7. Name and address of health plan or other entity to which information is to be released: \_\_\_\_\_

8. Name and address of person or persons to whom information is to be released: \_\_\_\_\_

9. Specific information to be released: \_\_\_\_\_

10. Medical Records Information: \_\_\_\_\_

11. Other Information: \_\_\_\_\_

12. Other Information: \_\_\_\_\_

13. Other Information: \_\_\_\_\_

14. Other Information: \_\_\_\_\_

15. Other Information: \_\_\_\_\_

16. Other Information: \_\_\_\_\_

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22. Other Information: \_\_\_\_\_

23. Other Information: \_\_\_\_\_

24. Other Information: \_\_\_\_\_

25. Other Information: \_\_\_\_\_

26. Other Information: \_\_\_\_\_

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28. Other Information: \_\_\_\_\_

29. Other Information: \_\_\_\_\_

30. Other Information: \_\_\_\_\_

31. Other Information: \_\_\_\_\_

32. Other Information: \_\_\_\_\_

33. Other Information: \_\_\_\_\_

34. Other Information: \_\_\_\_\_

I do not consent to the release of any medical information to any agency, Dr., govt or non govt entity, private corporation or anyone without my express written consent and notification → Nothing at all  
 Eric Andrew Perez Eric Andrew Perez



# EXHIBITS 3



Manhattan  
Brooklyn  
Queens  
Bronx  
Long Island

Location:

Precert/Ref #':

Appt. Date/Time:

am/pm

Patient Name:

Date of Birth:

Referring Physician:

Reason for Exam:

Specific Requests:

Date:

Complete Neurological Care

225 Broadway, Suite 705

New York, NY 10007

Address: (212) 349-2787

T: 212-772-3111 • F: 212-734-5832  
www.lenoxhillradiology.com

- ☐ STAT Report  
☐ Images on CD ☐ Films  
☐ Key Images  
☐ Patient to return with films  
☐ CC Report to:

### X-RAYS

- ☐ Chest  
☐ PA ☐ AP/LAT ☐ Other  
☐ Abdomen  
☐ Flat ☐ Erect ☐ Decub  
☐ Pelvic AP  
☐ Ribs ☐ R ☐ L  
☐ Head  
☐ Skull ☐ Sinus ☐ Orbits  
☐ Facial Bones  
☐ Nasal Bones ☐ Mandible  
☐ Cervical Spine  
☐ 2 Views ☐ Obliques  
☐ Flex/Ext  
☐ Thoracic  
☐ Lumbar Spine  
☐ Obliques ☐ Flex/Ext  
☐ AP + Lateral  
☐ Scoliosis Series  
☐ AC Joints  
☐ Clavicle ☐ R ☐ L  
☐ Scapula ☐ R ☐ L  
☐ Shoulder ☐ R ☐ L  
☐ Humerus ☐ R ☐ L  
☐ Elbow ☐ R ☐ L  
☐ Forearm ☐ R ☐ L  
☐ Wrist ☐ R ☐ L  
☐ Hand ☐ R ☐ L  
☐ Finger ☐ R ☐ L  
☐ Hip ☐ R ☐ L  
☐ Femur ☐ R ☐ L  
☐ Knee ☐ R ☐ L  
☐ Hip to Ankle weight bearing  
(for mechanical axis) ☐ R ☐ L  
☐ Leg TibFib ☐ R ☐ L  
☐ Ankle ☐ R ☐ L  
☐ Foot ☐ R ☐ L  
☐ Toe ☐ R ☐ L  
☐ Other

### FLUOROSCOPY

- ☐ Hysterosalpingogram  
☐ Esophagram  
☐ Upper GI  
☐ Small Bowel Series  
☐ Barium Enema  
☐ Therapeutic Inj. ☐ R ☐ L  
Body Part:

### MR ANGIOGRAPHY

- (Contrast as indicated)  
☐ Intracranial (Brain)  
☐ Extracranial (Neck)  
☐ Thoracic Aorta  
☐ Abdomen (Abdominal Aorta/  
SMA/Renal/Celiac Axis)  
☐ Pelvis  
☐ Runoff  
☐ MRV

### MRI

- ☐ W/O Contrast  
☐ W/ and W/O Contrast  
☐ Brain  
☐ NeuroQuant/3D Volumetric  
☐ Pituitary  
☐ Orbits  
☐ IAC's  
☐ TMJ's  
☐ Neck  
☐ Chest  
☐ Cervical Spine  
☐ Thoracic Spine  
☐ Lumbar Spine  
☐ Sacrum and Coccyx  
☐ Sacroiliac Joints  
☐ MR Neurography  
Site/Nerve:  
☐ Brachial plexus ☐ R ☐ L  
☐ Lumbosacral plexus  
☐ Breast (Bilateral) w/CAD  
☐ Abdomen  
☐ MRCP  
☐ Enterography (Abd/Pelv)  
☐ Fetal  
☐ Pelvis  
☐ Prostate w/CAD  
☐ Prostate Biopsy  
☐ Urography  
☐ Bony Pelvis  
☐ Shoulder ☐ R ☐ L  
☐ Pectoralis Major ☐ R ☐ L  
☐ Elbow ☐ R ☐ L  
☐ Wrist ☐ R ☐ L  
☐ Hand ☐ R ☐ L  
☐ Finger  
☐ Upper Ext other: ☐ R ☐ L  
☐ Hip ☐ R ☐ L  
☐ Knee ☐ R ☐ L  
☐ Knee Smith & Nephew ☐ R ☐ L  
☐ Ankle/Hindfoot ☐ R ☐ L  
☐ Achilles ☐ R ☐ L  
☐ Forefoot ☐ Midfoot  
☐ Lower Extremity ☐ R ☐ L  
Specify:  
☐ MRI Arthrogram ☐ R ☐ L  
Specify Joint:

### MRI - CARDIAC

- (Contrast as indicated)  
☐ Morphology & Function  
☐ with stress imaging

### CT

- ☐ W/O Contrast  
☐ W/ and W/O Contrast  
(3D Recon as Indicated)  
☐ Brain  
☐ Sinuses ☐ BrainLAB ☐ VTI  
☐ Landmark ☐ Medtronic  
☐ 4D Parathyroid  
☐ Orbits  
☐ Dental Scan  
☐ Temporal Bones  
☐ Neck  
☐ Chest ☐ Low-Dose  
☐ Coronary Calcium (Heart Screening)  
☐ CT Guided Biopsy  
☐ Abdomen  
☐ Liver/Pancreas protocol  
☐ CT Enterography (Abd/Pelv)  
☐ CT Virtual Colonoscopy  
☐ Hematuria/Urogram  
☐ Renal Mass  
☐ Renal Stone (no contrast)  
☐ Pelvis  
☐ SPINE  
☐ C-Sp ☐ T-Sp ☐ L-Sp  
☐ Myelography  
☐ C-Sp ☐ T-Sp ☐ L-Sp  
☐ Shoulder ☐ R ☐ L  
☐ Patellar Tracking  
☐ CT Arthrogram ☐ R ☐ L  
☐ Musculoskeletal ☐ R ☐ L  
Specify:  
☐ Hip ☐ w/MAKOplasty  
☐ Knee ☐ w/MAKOplasty  
☐ Scanogram (for leg length)

### CT ANGIOGRAPHY

(Contrast as indicated)

- ☐ CT Angio Chest (PE Protocol)  
☐ Brain  
☐ Neck/Carotid  
☐ Coronary Arteries/Heart  
☐ Chest & Abdomen/Dissection  
☐ Abdominal Aorta  
☐ Renal Artery  
☐ Runoff Study

### PET/CT

- ☐ I.V. Contrast  
☐ WITH

- ☐ Skull Base to Thighs  
☐ Melanoma  
☐ Brain  
☐ Bone PET/CT, NaF18

### NUCLEAR MEDICINE

- ☐ Brain Spect - DATScan  
☐ Whole Body Bone Scan  
☐ 3 Phase Bone Scan  
Site:  
☐ Gallium Scan  
☐ Renal Flow & Scan  
☐ Renal Flow & Scan w/Lasix  
☐ Renal Flow & Scan w/Captopril  
☐ Hida  
☐ Hida with Ejection Fraction  
☐ Thyroid-123I Uptake & Scan  
☐ Parathyroid Sestamibi Scan  
☐ SPECT  
☐ Other - Specify:

### BONE DENSITOMETRY

- ☐ DEXA w/vertebral  
fracture assessment

### ULTRASOUND BIOPSIES

- ☐ Thyroid FNAB ☐ R ☐ L  
☐ Lymph Nodes FNAB ☐ R ☐ L  
☐ Other - Specify:

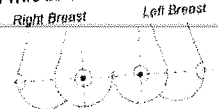
### WOMEN'S IMAGING & BREAST IMAGING

#### Digital Mammography

- 3D: Breast Tomo if needed\*  
☐ Screening  
☐ Diagnostic (Comprehensive)  
☐ Breast Ultrasound (if indicated)  
☐ Mammography & Ultrasound  
(if indicated)  
☐ Breast MRI (give indication below)  
☐ Notes:  
\*see reverse for 3D/Tomo locations

#### Breast Biopsies

- ☐ Ultrasound Core Biopsy  
☐ MRI Core Biopsy  
☐ Fine Needle Aspiration  
☐ Stereotactic Core Biopsy  
☐ Post Biopsy Clip Placement  
☐ Wire Localization



- ☐ Hysterosalpingogram  
☐ Hysterosonogram  
☐ Pelvic MRI

### ULTRASOUND

Exams are performed with duplex  
doppler where clinically indicated

- ☐ Carotid Doppler  
☐ Thyroid  
☐ Soft Tissue Neck  
☐ Abdomen  
☐ Abdomen Single Organ (RUC)  
☐ Aorta Screening  
☐ Hepatic Vessels  
☐ Renal  
☐ Bladder  
☐ Hysterosonogram  
☐ Pelvic-transabdominal only  
☐ Hemla  
☐ Transvaginal only  
☐ Pelvic Combined (transabd/tra)  
☐ Obstetrical LMP: ☐ ☐ ☐  
☐ Testicular/Scrotal  
☐ Venous Doppler Up Ext (A  
☐ R ☐ L ☐ B  
☐ Venous Doppler Lwr Ext (L  
☐ R ☐ L ☐ B  
☐ Musculoskeletal ☐ R  
☐ Diagnostic Body Part  
☐ Therapeutic Inj Body Part  
☐ Tendon Repair

# EXHIBITS 4



# EXHIBITS 5

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# CONNECT

Access your reports and images online.



Manhattan  
Brooklyn  
Queens  
Bronx  
Long Island

Go to: **www.LenoxHillRadiology.com**

Enter the I-Code shown below.



ERI\*\*\*\*\* PER\*\*\*\*\* for visit on Saturday, July 22, 2017:

You will be required to answer security questions to verify your identity.  
This I-Code will expire on Monday, August 21, 2017.

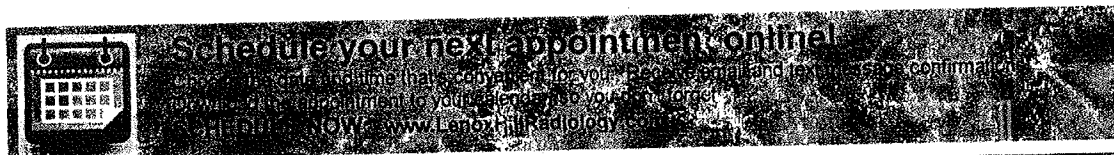
**Reports and images will not be immediately available on the portal. Report availability times vary by center and by procedure. At a minimum, reports will not be available for 5 business days from your appointment date. Log into the portal to see an estimated date of when your report will be available.**

All radiologic results communicated on the patient portal are between the interpreting radiologist and the referring healthcare provider. You should review these results only in consultation with your healthcare provider. If appropriate, please schedule a follow-up appointment with your healthcare provider to review results.

#### Instructions for use:

1. Use your computer's internet browser to go to: **www.LenoxHillRadiology.com**
2. Click on the PATIENT PORTAL button or link found on the Home Page.
3. On the portal Log-in Page, enter the I-Code shown above on this form. Click the NEXT button.
4. Verify your identity by answering the security questions. Click the NEXT button.
5. View your visit summary and exam results as they become available.

NOTE: You can view your entire exam history when you log into your account. If you do not have an account, click the CREATE ACCOUNT button on the Log-in Page.



# EXHIBITS 6

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Sorry, an error occurred while processing your request.

Debugger output (only visible to devs)

```
System.Reflection.TargetInvocationException: Exception has been thrown by the target of an invocation. ---> System.Data.SqlClient.SqlException: Conversion failed when converting the
varchar value '1019026800' to data type int. at System.Data.SqlClient.SqlConnection.OnError(SqlException exception, Boolean breakConnection, Action`1
wrapCloseInAction) at System.Data.SqlClient.TdsParser.ThrowExceptionAndWarning(TdsParserStateObject stateObj, Boolean callerHasConnectionLock, Boolean asyncClose) at
System.Data.SqlClient.TdsParser.TryRun(RunBehavior runBehavior, SqlCommand cmdHandler, SqlDataReader dataStream, BulkCopySimpleResultSet bulkCopyHandler, TdsParserStateObject
stateObj, Boolean& dataReady) at System.Data.SqlClient.SqlDataReader.TryHasMoreRows(Boolean& moreRows) at System.Data.SqlClient.SqlDataReader.TryReadInternal(Boolean
setTimeout, Boolean& more) at System.Data.SqlClient.SqlDataReader.FillFromReader(DataSet dataset, DataTable dataTable, String sctable, String schemaMapping mapping) at
System.Data.Common.DataAdapter.FillFromReader(DataSet dataset, DataTable dataTable, String sctable, String schemaMapping mapping) at
DataColumn parentChapterColumn, Object parentChapterValue) at System.Data.Common.DataAdapter.Fill(DataTable[] dataTables, IDataReader dataReader, Int32 startRecord, Int32
maxRecords) at System.Data.DataSet.Load(IDataReader reader, LoadOption loadOption, FillErrorEventHandler errorHandler, DataTable[] tables) at
WCFSERVICE.DataAccess.PortalManager.GetPatientFolderData(String aCommandText, List`1 aParameters) in C:\TeamCity\buildAgent\work\da85c6445bdf8c20\source\WCFSERVICE
\Signature sig, Boolean constructor) at System.Reflection.RuntimeMethodInfo.UnsafeInvokeInternal(Object obj, Object[] parameters, Object[] arguments) at
System.Reflection.RuntimeMethodInfo.Invoke(Object obj, BindingFlags invokeAttr, Binder binder, Object[] parameters, CultureInfo culture) at WCFSERVICE.Invoke.Execute(MainAction
aAction, AManager aManager, String aMethodName, Object[] aArgs) in C:\TeamCity\buildAgent\work\da85c6445bdf8c20\source\WCFSERVICE\WCFSERVICE.cs:line 90 at
WCFSERVICE.ServiceImplementation.StudyService.GetExamListByKeys(Int32[] aOrderKeys, Int32[] aOrderKeys, String aDesiredStatus, String aWhereClause, String
aOrderBy, String aClientApplicationCode) in C:\TeamCity\buildAgent\work\da85c6445bdf8c20\source\WCFSERVICE\ServiceImplementation\StudyService.cs:line 6927 at
ConnectPortal.Services.StudyServiceReference.GetExamListByKeys(Int32[] aOrderKeys, Int32[] aOrderKeys, String aDesiredStatus, String aWhereClause, String
aOrderBy) in C:\TeamCity\buildAgent\work\da85c6445bdf8c20\lib\PortalCommon\Services\StudyServiceReference.cs:line 240 at
ConnectPortal.Services.StudyServiceReference.GetExamListByKeys(Int32[] aOrderKeys, Int32[] aOrderKeys, String aDesiredStatus) in C:\TeamCity\buildAgent
\work\da85c6445bdf8c20\lib\PortalCommon\Services\StudyServiceReference.cs:line 232 at ConnectPortal.Helpers.LoginHelper.Verify_ICode(ICodeLogin aCode) in C:\TeamCity\buildAgent
aCodeLogin) in C:\TeamCity\buildAgent\work\da85c6445bdf8c20\lib\PortalCommon\Helpers\LoginHelperPartial.cs:line 48 at Patient_Portal.Controllers.AuthenticationController.Account_ICodeLogin
ControllerBase, Object[]) at System.Web.Mvc.ControllerActionInvoker.InvokeActionMethod(ControllerContext controllerContext, ActionDescriptor actionDescriptor, IDictionary`2 parameters) at
System.Web.Mvc.ControllerActionInvoker.InvokeActionMethod(ControllerContext controllerContext, ActionDescriptor actionDescriptor, IDictionary`2 parameters) at
System.Web.Mvc.Async.AsyncControllerActionInvoker.BeginInvokeSynchronousActionMethod(b__39(AsyncResult asyncResult) asyncResult) at
System.Web.Mvc.Async.AsyncControllerActionInvoker.WrappedAsyncResult`2.CallEndDelegate(AsyncResult asyncResult) at
System.Web.Mvc.Async.AsyncControllerActionInvoker.AsyncInvocationWithFilters.<>c__DisplayClass46.<InvokeActionMethodFilterAsyncynchronouslyRecursive>b__34() at
System.Web.Mvc.Async.AsyncControllerActionInvoker.<>c__DisplayClass33.<BeginInvokeActionMethodWithFilters>b__32(AsyncResult asyncResult) at
```



**ADDRESSES DEFENDANTS**

Lenox Hill Radilogy - 100 E 77th St, New York, NY 10075

Complete Neurological Care – 225 Broadway Suite 705 New York, NY 10007

Fidelis Care 95-25 Queens Boulevard Rego Park, NY 11374

Unknown Agents – Department of Justice 86 Chambers St, New York, NY 10007